STATE OF COLORADO Department of State

1700 Broadway, Suite 270 Denver, CO 80290



Gigi Dennis Secretary of State

Patti Fredrick Director, Colorado HAVA

COUNTY:

MONTROSE

Attn: Carol Kruse

County Clerk and Recorder

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Coordinated Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

| | | | | | 9 | | | |
|------------|------------|---------------------------|----------|----------------|---------------------|----------------|--------------------|---------------------------|
| Make/Model | Туре | <u>Use:</u> | Serial # | Location Used: | Race Name to Audit: | Machine Count: | Manual/Hand Count: | Canvass Board Initials |
| m1000L | Punch Card | Absentee Central Count | 7806240 | Central Office | Referendum C - NO | 62 | 62 | DR, VL, EB |
| m1000L | Punch Card | Absentee Central Count | 7806240 | Central Office | Referendum D - Yes | 32 | 32 | DR, VL, EB |
| m1000L | Punch Card | Absentee Central Count | 7806240 | Central Office | Referendum D - NO | 67 | 67 | DR, VL, EB |
| m1000L | Punch Card | Absentee Central Count | 7806240 | Central Office | Referendum C - YES | 37 | 37 | DR, VL, EB |
| | | | | | | | | |

NOTE: If the RACES selected were not counted on that device or do not appear in the central count ballot selection, the Canvass board shall audit "Referendum C" or "Referendum D" in place of the missing races. Please mark the form appropriately. If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: voting.systems@sos.state.co.us. This form must be returned no later than: 5:00pm November 18, 2005.

| For Internal Use Only | E-mailed by (name): | Faxed by (name): |
|-----------------------|-------------------------|-----------------------------------|
| | Email Date and Time: | Faxed Date and Time: |
| | Email Address: | Fax Number: |
| Phone Number: | (Attach copy of E-mail) | (Attach copy of fax confirmation) |